

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	_{yist(s)} James J. Bia	anco, Jr.; Adam So	chmidt; Karen Soucy	
II. Name of lobby	yist's partnership, firn	n or corporation, if an	y:	
Bianco Pro	ofessional Associa	ition		
	(Name of partnership, firm	m or corporation)		
18 Centre	Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 225-717 (Telepho	70(603) 226-0165 (Fax)	e-mail_attys@b	piancopa.com_
		e – file separate report are not attributable to	s for each client, OR you ma	ay file a separate report for
X All reportable	transactions occurring	in the months prior to the	ne reporting date relative to th	ne following client:
•	tion of School Pri	•		
		ent as it appears on the Lob	byist Registration Form)	<u> </u>
<u>OR</u>				
☐ All reportable unrelated to any p		oyist (including the lobb	yist's family), or the lobbying	g firm listed below which are
IV. Date of Repo	ort April 26, 2017		July 26, 2017 🗌	
	activity from date of regi	stration to 3/31/17	activity from 4/1/17 to 6/30/17	,
	October 25, 201 activity from 7/1/17		January 31, 2018 X activity from 10/1/17 to 12/31	/17
V. There have If this box is chec Concord, NH 033	ked, complete just this j	d and no reportable form and submit it to the	transactions made since to Secretary of State's Office, S	he last report. State House, Room 204,
VI. Check if add	itional reports are att	ached:		
	•		le Addendum A – Fees and E	xpenses
	aid an honorarium or re		ı must file Addendum B – Re	
		made political contribu	tions, you must file Addendu	ım C- Political Contributions
I have read RSA	he best of my knowled	-C and RSA 664 and he	reby swear or affirm that the $\frac{12418}{000}$	foregoing information is true
James J. B	-		(Da	
(Print Name of le				RECEIVE
(ETHIC MAINE OF IC	oooyist)			1/20-

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Affirm	ation	by L	obbyist
Statem	ent of	Income and	d Expe	nses	for:

Name of Lobbying par	tnership, firm, or corpo	oration: Bianco Profess	ional Association
			corporation and not related to any
particular client): NH		•	
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 💆
			d Expenses described above, and umber of Addendum forms being
Addendum A(s	s).		
Addendum B(s	3).		
Addendum C(s	s).		
I hereby swear or affir complete to the best of (Signature of lobbyist)			at and each Addendum is true and // 29/ // (Date)
Adam Schmidt			
(Print Name of lobbyis	t)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	tion	by L	obbyist
Statem	ent of	Income	and l	Expe	nses	for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Bianco Profess	ional Association
Name of Client (leave		or the partnership, firm, or	corporation and not related to any
Date of Report (check	k one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🙀
			nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum Be	(s).		
Addendum Co	(s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and
(Signature of lobbyist)		1/24/18 (Date)
Karen Soucy			
(Print Name of lobbyi	st)		